

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047835

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

264

Primary Registration District No.

Registrar's No.

52

FILED JAN 9 1962

## 1. PLACE OF DEATH

a. COUNTY Ozark

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Noble TownshipLength of stay in 1b  
7 Mos2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY Ozark

c. CITY OR TOWN Longrun

Inside Limits  
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Noble TownshipInside Limits  
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)  
NoneReside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Richard Fielden Taber

## 4. DATE OF DEATH

Month

Day

Year

12 30 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

2-25-1862

## 9. AGE (last birthday)

95

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Farmer10b. KIND OF BUSINESS OR INDUSTRY  
Farm11. BIRTHPLACE (City and state or country)  
Dit, Missouri12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

Issac Taber

## 13b. MOTHER'S MAIDEN NAME

Rachel Hampton

## 14. NAME OF HUSBAND OR WIFE

Margaret Taber

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) ☒ No (If yes, give war or dates of service)

## 17. INFORMANT

Address

Erma Johnson, Noble, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac Decompensation with edema

## INTERVAL BETWEEN ONSET AND DEATH

10 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Senility

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from December 23, 1962 to December 30, 1962

Death occurred at 5 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

M. G. Hoernman DD

## 22b. ADDRESS

Gainesville, Mo.

## 22c. DATE SIGNED

11/5/1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

1-1-1963

## 23c. NAME OF CEMETERY OR CREMATORY

Longrun

## 23d. LOCATION (City, town, or county)

Ozark County, Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

Clinkingbeard, Gainesville, Mo.

## 25. DATE RECD. BY LOCAL REG.

1-5-63

## 26. REGISTRAR'S SIGNATURE

Barbara Shaw

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John R. Clary*

Licensed Embalmer No.

*4885*

P. O. Address

*Georgetown, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.